## FORM D

Mail Processing SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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## FORM D

Washington, DC NOTICE OF SALE OF SECURITIES 106 PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| -             |  |        |  |  |  |  |  |  |
|---------------|--|--------|--|--|--|--|--|--|
| SEC USE ONLY  |  |        |  |  |  |  |  |  |
| Prefix        |  | Serial |  |  |  |  |  |  |
|               |  |        |  |  |  |  |  |  |
| DATE RECEIVED |  |        |  |  |  |  |  |  |
|               |  |        |  |  |  |  |  |  |
|               |  |        |  |  |  |  |  |  |

| Name of Offering( check if this is an amendment and name has changed, and indicate change.)  Series A Preferred Stock   | CESSED   |
|---|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment   | 6) ⊠ ULOE PHOCESSES  |
| A. BASIC IDENTIFICATION DATA  | THOMSON  |
| 1. Enter the information requested about the issuer   | FINANCIAL  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  GOGII, Inc.   |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 1227 Vienna Way, Venice, CA 90291   | Telephone Number (Including Area Code) 310-560-1484  |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)   | Telephone Number (Including Area Code)   |
| Brief Description of Business  Marketing solutions related to mobile phones   | (With state of the |
| Type of Business Organization  Corporation  Imited partnership, already formed  business trust  Imited partnership, to be formed  | (please sp. 08021054   |
| Actual or Estimated Date of Incorporation or Organization: Month Vear  Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Stat CN for Canada; FN for other foreign jurisdiction) |  |

## **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB

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| A. BASIC IDENTIFICATION DATA  |
|---|
| 2. Enter the information requested for the following:   |
| <ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>   |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue |
| <ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>     |
| Each general and managing partner of partnership issuers.   |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  |
|   |
| Full Name (Last name first, if individual)  Lahman, Scott   |
| Business or Residence Address (Number and Street, City, State, Zip Code) 1227 Vienna Way, Venice, CA 90291  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  |
| Full Name (Last name first, if individual) KPCB Holdings, Inc., as nominee, Attn. Matthew Murphy and John Denniston   |
| Business or Residence Address (Number and Street, City, State, Zip Code) 2750 San Hill Road, Menlo Park, CA 94025   |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  |
| Full Name (Last name first, if individual) Murray, Austin   |
| Business or Residence Address (Number and Street, City, State, Zip Code) 1227 Vienna Way, Venice, CA 90291  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  |
| Full Name (Last name first, if individual) Norman, Zachary  |
| Business or Residence Address (Number and Street, City, State, Zip Code) 1227 Vienna Way, Venice, CA 90291  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  |
| Full Name (Last name first, if individual) Murphy, Matthew  |
| Business or Residence Address (Number and Street, City, State, Zip Code) 1227 Vienna Way, Venice, CA 90291  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  |
| Full Name (Last name first, if individual)  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  |
| Full Name (Last name first, if individual)  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary)  |

|   | B. INFORMATION ABOUT OFFERING  |                             |                            |                             |               |                            |                |                                       |   |                                       |                     |                                       |           |
|---|--|-----------------------------|----------------------------|-----------------------------|---------------|----------------------------|----------------|---------------------------------------|---|---------------------------------------|---------------------|---------------------------------------|-----------|
|   |  |                             |                            |                             |               |                            |                |                                       |   |                                       |                     | Yes                                   | No        |
| 1.  | Has the  | issuer sold,                | , or does the              |                             |               |                            | dited invest   |                                       | •                                       |                                       | *************       |                                       |           |
| _   |  |                             |                            |                             | • •           | =                          | mn 2, if filin | ~                                     |   |                                       |                     | * 37/4                                |           |
| 2.  | What is  | the minim                   | ım investm                 | ent that wil                | be accepte    | d from any                 | individual?    |                                       |   |                                       |                     | \$ N/A<br>Yes                         | No        |
| 3.<br>4.  | Enter ti   | he informat<br>ssion or sim | ion request<br>ilar remune | ed for each<br>ration for s | person wi     | ho has beer<br>of purchase | or will be     | paid or givenion with sa              | ven, directl<br>les of secur            | y or indirectities in the             | ctly, any offering. |                                       | ×         |
| If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |  |                             |                            |                             |               |                            |                |                                       |   |                                       |                     |                                       |           |
| Full Name (Last name first, if individual) N/A  |  |                             |                            |                             |               |                            |                |                                       |   |                                       |                     |                                       |           |
|   | N/A Business or Residence Address (Number and Street, City, State, Zip Code) |                             |                            |                             |               |                            |                |                                       |   |                                       |                     |                                       |           |
| Nan   | Name of Associated Broker or Dealer  |                             |                            |                             |               |                            |                |                                       |   |                                       |                     |                                       |           |
| Stat  | States in Which Person Listed Has Solicited or Intends to Solicit Purchasers |                             |                            |                             |               |                            |                |                                       |   |                                       |                     |                                       |           |
|   | (Che   | ck "All Stat                | es" or checl               | k individual                | States)       |                            |                |                                       | • |                                       |                     | 🗆 A                                   | II States |
|   | AL   | AN                          | AZ                         | AR                          | CA            | co                         | СТ             | DE                                    | DC                                      | FL                                    | GA                  | ні                                    | ID        |
|   | IL.  | IN                          | IA                         | KS                          | KY            | LA                         | ME             | MD                                    | МА                                      | М                                     | MN                  | MS                                    | мо        |
|   |  |                             |                            |                             |               |                            |                | ок                                    | OR                                      | PA                                    |                     |                                       |           |
|   | RI   | sc                          | SD                         | TN                          | TX            | un                         | VT             | VA                                    | WA                                      | w                                     | WI                  | WY                                    | PR        |
| Full  | Name (   | Last name fi                | irst, if indiv             | idual)                      |               |                            |                |                                       |   |                                       |                     |                                       |           |
| Bus   | iness or   | Residence A                 | Address (Nu                | ımber and S                 | Street, City, | State, Zip (               | Code)          |                                       |   |                                       |                     |                                       |           |
| Nan   | ne of As   | sociated Bro                | ker or Deal                | ler                         | •             |                            |                |                                       |   |                                       |                     |                                       |           |
| Stat  | es in Wh   | ich Person                  | Listed Has                 | Solicited or                | Intends to    | Solicit Purc               | hasers         | · · · · · · · · · · · · · · · · · · · |   |                                       |                     |                                       |           |
|   | (Che   | ck "All Stat                | es" or check               | c individual                | States)       |                            |                |                                       |   |                                       |                     | 🗆 A                                   | Il States |
|   | AL   | AK                          | AZ                         | AR                          | CA            | co                         | CT             | DE                                    | DC                                      | FL                                    | GA                  | HI                                    | ID        |
|   | IL   | IN                          | IA                         | KS                          | KY            | LA                         | ME             | MD                                    | MA                                      | М                                     | MN                  | MS                                    | MC        |
|   | ΜT   | NE                          | NV                         | NH                          | NJ            | NM                         | NY             | NC                                    | ND                                      | OH                                    | ок                  | OR                                    | PA        |
|   | RI   | SC                          | SD                         | TN                          | TX            | טז                         | VT             | VA                                    | WA                                      | w                                     | WI                  | WY                                    | PR        |
| Full  | Name (   | Last name fi                | irst, if indiv             | idual)                      |               |                            |                |                                       |   |                                       |                     |                                       |           |
| Bus   | iness or   | Residence A                 | Address (Nu                | mber and S                  | itreet, City, | State, Zip (               | Code)          |                                       |   | · · · · · · · · · · · · · · · · · · · |                     | <del></del>                           |           |
| Nan   | ne of As   | sociated Bro                | ker or Deal                | ler                         |               |                            |                |                                       |   |                                       |                     | · · · · · · · · · · · · · · · · · · · |           |
| Stat  |  | ich Person<br>ck "All Stat  |                            |                             |               | Solicit Purc               | hasers         |                                       |   |                                       |                     | 🗀 A                                   | II States |
|   | AL   | AK                          | AZ                         | AR                          | CA            | co                         | СТ             | DE                                    | DC                                      | FL                                    | GA                  | ні                                    | ID        |
|   | IL.  | IN                          | ĪA                         | ks                          | KY            | LA                         | ME             | MD                                    | MA                                      | МІ                                    | MN                  | MS                                    | мо        |
|   | мт   | NE                          | WY.                        | ИН                          | NI            | NM                         | NY.            | NC                                    | ND                                      | ОĦ                                    | ЬΚ                  | OR                                    | PA        |
|   | RI   | sc                          |                            | TN                          | TX            |                            |                | VA                                    | WA                                      | W                                     | wı                  | WY                                    | PR        |

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEED | C. | <b>OFFERING</b> | PRICE. | NUMBER | OF | INVESTORS | EXPENSES. | AND | USE O | F PRO | CEEDS |
|---|----|-----------------|--------|--------|----|-----------|-----------|-----|-------|-------|-------|
|---|----|-----------------|--------|--------|----|-----------|-----------|-----|-------|-------|-------|

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and  |                             |                               |
|----|--|-----------------------------|-------------------------------|
|    | already exchanged.  Type of Security   | Aggregate<br>Offering Price | Amount Already<br>Sold        |
|    | Debt\$   |                             | c                             |
|    | Equity   |                             |                               |
|    | ☐ Common ☑ Preferred   |                             | <u></u>                       |
|    | Convertible Securities (including warrants) Series A Preferred Stock\$   | 5,175,000                   | \$ 5,175,000                  |
|    | Partnership Interests\$  |                             | \$                            |
|    | Other (Specify)  |                             | \$                            |
|    | Total\$  |                             |                               |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                             |                               |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             |                             | Aggregate                     |
|    |  | Number<br>Investors         | Dollar Amount<br>of Purchases |
|    | Accredited Investors   | 3                           | \$5,175,000                   |
|    | Non-accredited Investors   | -0-                         | \$0-                          |
|    | Total (for filings under Rule 504 only)  |                             | s                             |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                             |                               |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                             |                               |
|    | Turn of Officia  | Type of                     | Dollar Amount                 |
|    | Type of Offering   | Security                    | Sold                          |
|    | Rule 505   |                             | \$                            |
|    | Regulation A   |                             | \$                            |
|    | Rule 504   |                             | \$                            |
|    | Total  |                             | \$                            |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                               |
|    | Transfer Agent's Fees  |                             | \$                            |
|    | Printing and Engraving Costs   |                             | \$                            |
|    | Legal Fees   | 🛛                           | \$70,000                      |
|    | Accounting Fees  |                             | \$                            |
|    | Engineering Fees   |                             | \$                            |
|    | Sales Commissions (specify finders' fees separately)   |                             |                               |
|    | Other Expenses (identify) Administrative   | ==                          | s 10,000                      |
|    | Total  |                             |                               |
|    |  |                             |                               |

|            | b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C —  |   |                            |   |                     |  |           |  |             |
|------------|--|---|----------------------------|---|---------------------|--|-----------|--|-------------|
|            | proceeds to the issuer."   | -                                       |                            |   |                     |  | <b>\$</b> | 5,   | ,095,000    |
| i.         | Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for archeck the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Part | ny purpose is a<br>of the payment       | not known,<br>s listed mus | furnish an estimate<br>t equal the adjusted g | and                 |  |           |  |             |
|            |  |   |                            |   |                     | Payments to<br>Officers,<br>Directors, &<br>Affiliates |           | •  | nents to    |
|            | Salaries and fees  | • |                            |   | <u> </u>            | ] \$   | _ 🗆 :     | <b>s</b>                                     |             |
|            | Purchase of real estate  |   |                            |   | [                   | ] \$   |           | s  |             |
|            | Purchase, rental or leasing and installation of made   |   |                            |   | _                   |  | _         |  |             |
|            | and equipment  |   |                            |   |                     |  |           |  |             |
|            | Construction or leasing of plant buildings and fac-  | ilities                                 |                            |   | ∟                   | \$   | _ LJ      | <b>s</b>                                     | <del></del> |
|            | Acquisition of other businesses (including the val<br>offering that may be used in exchange for the ass  | ets or securitie                        | s of anothe                | r   | _                   | ۱ ه  |           | •  |             |
|            | issuer pursuant to a merger)   |   |                            | •••••   | <del> </del>        | ] S  | - 님       | <u>.                                    </u> |             |
|            | Working capital  |   |                            |   |                     |  |           |  | <del></del> |
|            | Other (specify):   |   |                            |   |                     |  |           |  |             |
|            |  |   |                            |   |                     |  |           |  |             |
|            |  |   |                            |   |                     | ] <b>s</b>   | _ 🗆 :     | s  |             |
|            | Column Totals  |   |                            |   |                     |  |           |  | 5,095,000   |
|            | Total Payments Listed (column totals added)  |   |                            |   |                     | <b>⊠</b> s   | 5,09      | 5,000  | <u>0</u>    |
| _          | · · · · · · · · · · · · · · · · · · ·  | D. FEDE                                 | RAL SIGNA                  | ATURE   |                     |  |           |  |             |
| ig         | e issuer has duly caused this notice to be signed by the<br>nature constitutes an undertaking by the issuer to fur<br>information furnished by the issuer to any non-accu                                    | mish to the U.                          | S. Securities              | ized person. If this no<br>s and Exchange Com | otice is<br>imissio | s filed under R<br>on, upon writt                      | tule 505  | 5, the                                       | following   |
| SS         | uer (Print or Type)  | Signature                               | $\Omega$                   |   |                     | ate  |           |  |             |
| <b>G</b> ( | OGII, Inc.   | 826                                     | 161                        |   | Ja                  | muary <u>8</u> , 20                                    | 08        |  |             |
|            | me of Signer (Print or Type)   | Title of Sign                           | ner (Print o               | r Type)                                       |                     |  |           |  |             |
| ۱a         |  | 1                                       | utive Office               |   |                     |  |           |  |             |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|          |  | E. STATE SIGNATURE  |                                    |            |              |
|----------|--|---|------------------------------------|------------|--------------|
| 1.       |  | 230.262 presently subject to any of the disqual   |                                    | Yes        | No           |
|          |  | See Appendix, Column 5, for state response  | onse.                              |            |              |
| 2.       | The undersigned issuer hereby under D (17 CFR 239.500) at such times | ertakes to furnish to any state administrator of are as required by state law.  | ny state in which this notice is t | filed a no | tice on Form |
| 3.       | The undersigned issuer hereby und issuer to offerees.                | dertakes to furnish to the state administrators, t  | upon written request, informat     | ion furni  | shed by the  |
| 4.       | limited Offering Exemption (ULO                                      | that the issuer is familiar with the conditions t<br>E) of the state in which this notice is filed and<br>of establishing that these conditions have been | understands that the issuer claim  |            |              |
|          | uer has read this notification and know thorized person.             | vs the contents to be true and has duly caused this   | s notice to be signed on its beha  | alf by the | undersigned  |
| Issuer ( | Print or Type)   | Signature (   | Date                               |            |              |
| GOGII    | , Inc.   | Colorell  | January <b>(</b> , 200             | 8          |              |
| Name (   | Print or Type)   | Title (Print or Type)   |                                    |            |              |

**Chief Executive Officer** 

## Instruction:

Scott Lahman

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       |                                |   |  | APF                                  | PENDIX   |   |   |  |         |
|-------|--------------------------------|---|--|--------------------------------------|--|---|---|--|---------|
| 1     | Intend<br>to non-a<br>investor | 2 I to sell accredited s in State I-ltem 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |   |   |  |         |
| State | Yes                            | No  |  | Number of<br>Accredited<br>Investors | Accredited Non- Accredited                                     |   |   |  | ltem 1) |
| AL    |                                |   |  |                                      |  |   |   |  |         |
| AK    |                                |   |  |                                      |  |   | : |  |         |
| AZ    |                                |   |  |                                      |  |   |   |  |         |
| AR    |                                |   |  |                                      |  |   |   |  |         |
| CA    |                                | x   | Series A Preferred<br>Stock (\$5,175,000)  | 3                                    | 8,465,937<br>Series A<br>Preferred<br>Shares                   | 0 | 0 |  | х       |
| со    |                                |   |  |                                      | 1 1  |   |   |  |         |
| СТ    |                                |   |  |                                      |  |   |   |  |         |
| DE    |                                |   |  |                                      |  |   |   |  |         |
| DC    |                                |   |  |                                      |  |   |   |  |         |
| FL    |                                |   |  |                                      |  |   |   |  |         |
| GA    |                                |   |  |                                      |  |   |   |  |         |
| НІ    |                                |   |  |                                      |  |   |   |  |         |
| ID    |                                |   |  |                                      |  |   |   |  |         |
| IL    |                                |   |  |                                      |  |   |   |  |         |
| IN    |                                |   |  |                                      |  |   |   |  |         |
| lA    |                                |   |  |                                      |  |   |   |  |         |
| KS    |                                |   | <u> </u>   |                                      |  |   |   |  |         |
| KY    |                                | <u></u>                                     |  |                                      |  |   |   |  |         |
| LA    |                                |   |  |                                      |  |   |   |  |         |
| ME    |                                | ļ   |  |                                      |  |   |   |  |         |
| MD    |                                | ļ   |  |                                      |  |   |   |  |         |
| MA    |                                |   |  |                                      |  |   |   |  |         |
| MI    |                                |   |  |                                      |  |   |   |  |         |
| MN    |                                |   |  |                                      | •  |   |   |  |         |

|       |                   |   |  | API                                  | PENDIX   |   |         |   |    |
|-------|-------------------|---|--|--------------------------------------|--|---|---------|---|----|
| 1     | Intended to non-a | d to sell<br>accredited<br>rs in State<br>3-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |   |         |   |    |
| State | Yes               | No  |  | Number of<br>Accredited<br>Investors | Number of Number of Non- Accredited                            |   |         |   | No |
| МО    |                   |   |  |                                      |  |   |         |   |    |
| МТ    |                   |   |  |                                      |  |   |         |   |    |
| NE    |                   |   |  |                                      |  |   |         |   |    |
| NV    |                   |   |  |                                      |  |   |         |   |    |
| NH    | ·                 |   |  |                                      |  |   |         |   |    |
| NJ    |                   |   |  |                                      |  |   | · · · · |   |    |
| NM    |                   |   |  |                                      |  |   |         |   | -  |
| NY    |                   |   |  |                                      |  |   |         |   |    |
| NC    |                   |   |  |                                      |  |   |         |   |    |
| ND    |                   |   |  |                                      |  |   |         | - |    |
| ОН    |                   |   |  |                                      |  |   |         |   | •  |
| ок    |                   |   |  |                                      |  |   |         |   |    |
| OR    |                   |   |  |                                      |  |   |         |   |    |
| PA    |                   |   |  |                                      |  |   |         |   |    |
| RI    | •                 |   |  |                                      |  |   |         |   |    |
| SC    |                   |   |  |                                      |  |   |         | · |    |
| SD    |                   |   |  |                                      |  |   |         |   |    |
| TN    |                   |   |  |                                      |  |   |         |   |    |
| тх    |                   |   |  |                                      |  |   |         |   |    |
| UT    |                   |   |  |                                      | -  | · |         |   |    |
| VT    |                   |   |  |                                      |  |   |         |   |    |
| VA    |                   |   |  |                                      |  |   |         |   |    |
| WA    |                   | 1   |  | <u> </u>                             | !  |   |         |   | ., |
| wv    |                   |   |  | 1                                    |  |   | -       |   |    |
| WI    |                   | 1   |  |                                      |  |   |         |   |    |

|       |                    |   |   | API                                  | PENDIX |   |                           |     |    |  |  |  |
|-------|--------------------|---|---|--------------------------------------|--------|---|---------------------------|-----|----|--|--|--|
| 1     |                    | 2 .   | 3   |                                      | 4      |   |                           |     |    |  |  |  |
|       | to non-<br>investo | d to sell<br>accredited<br>rs in State<br>3-Item 1) | ccredited offering price Type of investor and amount purchased in State |                                      |        |   | amount purchased in State |     |    |  |  |  |
| State | Yes                | No  |   | Number of<br>Accredited<br>Investors | Amount | Number of<br>Non- Accredited<br>Investors | Amount                    | Yes | No |  |  |  |
| WY    |                    |   |   |                                      |        |   |                           |     |    |  |  |  |
| PR    |                    |   |   |                                      |        |   |                           |     |    |  |  |  |

